

DEC 08 2004



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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Joseph M. Pelham – Group Art Unit: 3742

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 703.872.9306

CONFIRMATION TELEPHONE: 703.308.0858 (Receptionist) or
703.308.1709 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: December 8, 2004

USER NUMBER: 5121

FILE NUMBER: Docket No. R0367-01601

TOTAL # OF PAGES: 7
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Second Preliminary Amendment in connection with patent application Serial No. 10/658,911, filed September 10, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **TISSUE SITE MARKERS FOR IN VIVO
IMAGING**

Serial No.: 10/658,911

Filed: September 10, 2003

Atty. Docket No.: R0367-01601

) Prior Application Examiner:
) J. Pelham) Prior Application Group Art
) Unit: 3742) **TRANSMITTAL**

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (703) 872-9306, addressed to Prior Application Examiner J. Pelham, at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 8, 2004, in San Francisco, CA.


Anne Marie LeavyCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an
- Second Preliminary Amendment
- .

2. Claim Fee Calculation

☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	3 - 3 =	0 x	\$44=	\$ 0
Total Claims	2202	15 - 20 =	0 x	\$9=	\$ 0

Total Fees Due.....\$-0-

4. Payment of Fees

☐ Enclosed is a check for the total fees due in the amount of ____.
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-01601.By: Edward J. Lynch
Registration No. 24,422Duane Morris LLP
One Market
Spear Tower, Suite 2000
San Francisco, CA 94105
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SF67434.1

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CENTRAL EXAMINER

DEC 08 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
Burbank et al.For: **TISSUE SITE MARKERS FOR
IN VIVO IMAGING**

Serial No.: 10/658,911

Filed: September 10, 2003

Docket No.: R0367.01601

) Prior Application Examiner: J. Pelham

) Prior Application Group Art Unit: 3742

) **SECOND PRELIMINARY AMENDMENT**

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

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at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 8, 2004, in San Francisco, CA.


Anne Marie LearyCommissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified application before examination as indicated
below: